PTO/SB/06 (08-03) Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application or Docket Number** PATENT APPLICATION FEE DETERMINATION RECORD 66623 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS X \$ OR minuş 3 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = TOTAL. OR TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST **PRESENT** RATE ADDI-REMAINING NUMBER RATL ADDI-**EXTRA** TIONAL PREVIOUSLY TIONAL ENDMENT **AFTER** AMENDMENT PAID.FOR FEE FEE Total Minus X S OR X S Q7 CFR 1.16(c) Minus Independent (37 CFR 1.16(b)) X S OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ω PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER PREVIOUSLY **EXTRA** TIONAL TIONAL ENT AFTER AMENDMENT FEE FEE PAID FOR Total (3) CFR 1.16(c)) Minus ENDMI OR X S Mirius Independent (3) CFR 1.16(6)) X S OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR. TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 1) (Column 2) CL AIMS HIGHEST PRESENT RATE ADDI-O ADDI-NUMBER RATE REMAINING **EXTRA** TIONAL TIONAL PREVIOUSLY ENT AFTER FEE ALCOUNT PAID FOR FEE Linus **IENDM** (3) CFR 1.16(c)) X S OR Independent (37 CFR 1.16(b)) Minus E OR X S ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDILISE ADOL FEE 03 . If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

Including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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